VILLA MARIA HEALTH & REHABILITATION CENTER 300 VILLA DRIVE

HURLEY 54534 Phone: (715) 561-3200 Ownership: Individual Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/03): 70 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/03): 70 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/03: 70 Average Daily Census: 69

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents	(12/31/03)	Length of Stay (12/31/03)	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis		Age Groups	%		15.7 41.4
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65	2.9		22.9
Day Services	No			65 - 74	10.0	•	
±		·				•	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic		95 & Over		Full-Time Equivalent	
Congregate Meals	No	Cancer	1.4	'			idents
				'			
Transportation	No	Cerebrovascular				RNs	11.1
Referral Service	No	Diabetes		Gender	용		7.9
	No	· -					
±		Other Medical Conditions				·	43.5
<u> </u>	No						
Provide Day Programming for			100.0	1			
Developmentally Disabled	Yes				100.0		
Day Services Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals Other Meals Transportation Referral Service Other Services Provide Day Programming for Mentally Ill Provide Day Programming for	No	Mental Illness (Org./Psy) Mental Illness (Other) Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic Cancer Fractures Cardiovascular Cerebrovascular Diabetes Respiratory Other Medical Conditions	21.4 2.9 0.0 0.0 1.4 4.3 24.3 11.4 2.9 4.3 25.7	65 - 74 75 - 84 85 - 94 95 & Over 65 & Over 	10.0 27.1 50.0 10.0 100.0 97.1 % 27.1 72.9	Full-Time Equivalent Nursing Staff per 100 Res: (12/31/03) RNS LPNS Nursing Assistants, Aides, & Orderlies	80.0 ******* idents

Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay			amily Care			anaged Care	l 		
Level of Care	No.	90	Per Diem (\$)	No.	οlo	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	2	3.8	134	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.9
Skilled Care	6	100.0	200	50	94.3	116	0	0.0	0	11	100.0	159	0	0.0	0	0	0.0	0	67	95.7
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				1	1.9	150	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.4
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	6	100.0		53	100.0		0	0.0		11	100.0		0	0.0		0	0.0		70	100.0

VILLA MARIA HEALTH & REHABILITATION CENTER

Admissions, Discharges, and	- 1	Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/3	31/03
Deaths During Reporting Period							
	I				% Needing		Total
Percent Admissions from:	I	Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	1.3	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent I	Residents
Private Home/With Home Health	3.8	Bathing	0.0		58.6	41.4	70
Other Nursing Homes	23.8	Dressing	2.9		80.0	17.1	70
Acute Care Hospitals	71.3	Transferring	20.0		62.9	17.1	70
Psych. HospMR/DD Facilities	0.0	Toilet Use	18.6		52.9	28.6	70
Rehabilitation Hospitals	0.0	Eating	60.0		25.7	14.3	70
Other Locations	0.0	*****	* * * * * * * * * * * * * * *	*****	*****	****	*****
otal Number of Admissions	80	Continence		용	Special Treatmen	ts	용
ercent Discharges To:	i	Indwelling Or Extern	nal Catheter	7.1	Receiving Resp	iratory Care	8.6
Private Home/No Home Health	0.0 i	Occ/Freq. Incontine		54.3	Receiving Trac	-	0.0
Private Home/With Home Health	50.0 i	Occ/Freq. Incontine		34.3	Receiving Suct	ioning	0.0
Other Nursing Homes	5.0 i	· •			Receiving Osto		2.9
Acute Care Hospitals	5.0 i	Mobility			Receiving Tube	-	1.4
Psych. HospMR/DD Facilities	0.0 i	Physically Restraine	ed	2.9		anically Altered Diets	30.0
Rehabilitation Hospitals	0.0	2 2					
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	40.0			5.7	Have Advance D	irectives	100.0
otal Number of Discharges	i	With Rashes		7.1	Medications		
(Including Deaths)	80 i				Receiving Psyc	hoactive Drugs	62.9

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

***********	*****	*****	*****	*****	*****	*****	*****	*****	*****	
		Own	ership:	Bed	Size:	Lic	ensure:			
	This	Pro	prietary	50	-99	Ski	lled	Al	1	
	Facility	Facility Peer Group		Peer	Group	Peer Group		Facilities		
	%	બુ	Ratio	8	Ratio	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	98.6	80.8	1.22	83.7	1.18	84.0	1.17	87.4	1.13	
Current Residents from In-County	44.3	73.7	0.60	72.8	0.61	76.2	0.58	76.7	0.58	
Admissions from In-County, Still Residing	10.0	19.8	0.51	22.7	0.44	22.2	0.45	19.6	0.51	
Admissions/Average Daily Census	115.9	137.9	0.84	113.6	1.02	122.3	0.95	141.3	0.82	
Discharges/Average Daily Census	115.9	138.0	0.84	115.9	1.00	124.3	0.93	142.5	0.81	
Discharges To Private Residence/Average Daily Census	58.0	62.1	0.93	48.0	1.21	53.4	1.09	61.6	0.94	
Residents Receiving Skilled Care	98.6	94.4	1.04	94.7	1.04	94.8	1.04	88.1	1.12	
Residents Aged 65 and Older	97.1	94.8	1.02	93.1	1.04	93.5	1.04	87.8	1.11	
Title 19 (Medicaid) Funded Residents	75.7	72.0	1.05	67.2	1.13	69.5	1.09	65.9	1.15	
Private Pay Funded Residents	15.7	17.7	0.89	21.5	0.73	19.4	0.81	21.0	0.75	
Developmentally Disabled Residents	1.4	0.8	1.82	0.7	1.99	0.6	2.26	6.5	0.22	
Mentally Ill Residents	24.3	31.0	0.78	39.1	0.62	36.5	0.67	33.6	0.72	
General Medical Service Residents	25.7	20.9	1.23	17.2	1.49	18.8	1.37	20.6	1.25	
Impaired ADL (Mean)	52.0	45.3	1.15	46.1	1.13	46.9	1.11	49.4	1.05	
Psychological Problems	62.9	56.0	1.12	58.7	1.07	58.4	1.08	57.4	1.10	
Nursing Care Required (Mean)	7.0	7.2	0.96	6.7	1.04	7.2	0.97	7.3	0.95	